

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019460

STATE FILE NUMBER

Registration District No. 22 Primary Registration District No. 3213 Registrar's No. 117

FILED MAY 20 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6004

2 6000

3

4 1

5 2

6

7 1

8 1

9 154X

10

11

12 6-0

13 2-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|--|---|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u> | | c. CITY OR TOWN <u>Avondale (16),</u> | |
| c. FULL NAME OF (If NOT in hospital, give location). HOSPITAL OR INSTITUTION <u>N.K.C. Memorial Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>2809 N. Park Ave.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Louise</u> Middle <u>Henriette</u> Last <u>Watkins</u> | | 4. DATE OF DEATH Month <u>May</u> Day <u>14</u> , Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-11-1893</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At The Home</u> | |
| 11a. BIRTHPLACE (City and state or country) <u>Germantown, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>William M. Breig</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Wesloh</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT Address <u>Avondale, Mo.</u> <u>Mr. Marcius S. Antes Jr. - 2809 N. Park Ave.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia</u> DUE TO (b) <u>Intestinal Obstruction</u> DUE TO (c) <u>Carcinoma Pecto-Sigmoid.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4-5 days</u> <u>unknown</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>6 AM</u> Month, Day, Year <u>5/13/63</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>4030 N. Oak</u> | | |
| 21. I attended the deceased from <u>5/13/63</u> to <u>5/14/63</u> and last saw him/her alive on <u>5/14/63</u> | | 22c. DATE SIGNED <u>5/14/63</u> | |
| 22a. SIGNATURE <u>Dr. J. M. Forman</u> | | 22b. ADDRESS <u>4030 N. Oak</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-15-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | |
| 24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-14-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Marguerite Hudson</u> | | 27. LOCATION (City, town, or county) <u>Sedalia, Missouri</u> | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

MAY 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address No. Kan. City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.